PTO/SB/21 (10-07)
Approved for use through 10/31/2007. OMB 0651-0031
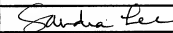U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/633,204
Filing Date	07/30/2003
First Named Inventor	Modak
Art Unit	1616
Examiner Name	Frank I. Choi
Attorney Docket Number	070050.2439

ENCLOSURES   (Check all that apply)

[✓] Fee Transmittal Form

    [ ] Fee Attached

[✓] Amendment/Reply

    [ ] After Final

    [ ] Affidavits/declaration(s)

[ ] Extension of Time Request

[ ] Express Abandonment Request

[ ] Information Disclosure Statement

[ ] Certified Copy of Priority Document(s)

[ ] Reply to Missing Parts/ Incomplete Application

    [ ] Reply to Missing Parts under 37 CFR 1.52 or 1.53

[ ] Drawing(s)

[ ] Licensing-related Papers

[ ] Petition

[ ] Petition to Convert to a Provisional Application

[ ] Power of Attorney, Revocation Change of Correspondence Address

[ ] Terminal Disclaimer

[ ] Request for Refund

[ ] CD, Number of CD(s) _____

    [ ] Landscape Table on CD

[ ] Remarks

[ ] After Allowance Communication to TC

[ ] Appeal Communication to Board of Appeals and Interferences

[ ] Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

[ ] Proprietary Information

[ ] Status Letter

[ ] Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts L.L.P.		
Signature	*Sandra Lee*		
Printed name	Sandra S. Lee		
Date	01/08/2009	Reg. No.	51,932

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name		Date

FEE TRANSMITTAL
for FY 2007

Complete if Known	
Application Number	10/633,204
Filing Date	07/30/2003
First Named Inventor	Modak
Examiner Name	Frank I. Choi
Art Unit	1616
Attorney Docket No.	070050.2439

☑ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 0

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☑ Deposit Account:

Deposit Account Number	02-4377
Deposit Account Name	Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☑ Charge fee(s) indicated below   ☑ Credit any overpayments

☑ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims		Fee		Fee Paid
Total Claims		x	26	=	$0
Independent Claims		x	110	=	$0
Multiple Dependent				=	$0
		SUBTOTAL			$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	52	26
Independent claims in excess of 3	220	110
Multiple dependent claim, if not paid	390	195

FEE CALCULATION (continued)

ADDITIONAL FEES

☐ Surcharge - late oath or filing fee	
☐ Non-English Specification	
☐ Extension for reply within first month	
☐ Extension for reply within second month	
☐ Extension for reply within third month	
☐ Extension for reply within fourth month	
☐ Extension for reply within fifth month	
☐ Notice of Appeal	
☐ Filing a brief in support of an appeal	
☐ Petition to revive - unavoidable	
☐ Petition to revive - unintentional	
☐ Utility Issue Fee	
☐ Design Issue Fee	
☐ Publication Fee	
☐ Petitions to the Commissioner	
☐ Request for Continued Examination (RCE)	
☐ Information Disclosure Statement (IDS)	
Other fee -	
SUBTOTAL ($)	0

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Sandra S. Lee	Registration No. (Attorney/Agent)	51,932	Telephone	212-408-2500
Signature	Sandra Lee			Date	01/08/2009

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.